

(SFS Counselor)

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SPU.EDU/SFS

CONSORTIUM AGREEMENT

To be completed by the Host Institution

and	(also known as the "Host Institution").	. This agreement is for:	
Student Name:	SPU Student ID Number:		
Intended Enrollment Course Name	Course Number	# of Credits	
Course Marrie	Course Number	# Of Credits	
Davied of Attendance			
Period of Attendance From: to			
_	_		
<u>Term</u> Fall Term		Enrollment Status Full Time	
Winter Term		Time	
Spring Term	Half time		
Summer Term	Less than half-time		
Verification of Cost of Attendance	T A		
Tuition and Fees	\$ \$		
Books and Supplies Room and Board	\$ \$		
Transportation	\$		
Personal	\$		
Miscellaneous	\$		
Other Charges	\$		
Total	\$		
	ward or disburse any financial aid to the stude tution if the student withdraws from a class p		
(Name)	(Title)	(Date)	
(School's Street Address)	(City/State/Zip)	(E-mail)	
(Signature)	(Phone)		
Institution will also be responsible t	for processing, calculating and disbursing Fed o calculate return of Title IV funds based on co ed to monitor Satisfactory Academic Progress.	urrent Federal Title IV regulations.	
Name:	Signature:	Date:	